The Times and Register.

VOL. XXX. No. 3. PHILADELPHIA, JULY 20, 1895. WHOLE No. 880.

Original.

ON A NEW AND IMPORTANT PLAN OF TREATMENT FOR NARCOTIC HABITUES.

BY EDWARD C. MANN, M. D., F. S. S., NEW YORK.

Med. Supt. Sunnyside Private Hospital for Nervous and Mental Diseases. Hon. Mem. Scientific Section, Imperial University, Kharkiff, Russia; Gold Medallist Soc. Science, Letters and Art, of London; Member Med. Soc. Co. of N. Y., Brooklyn Pathological Society, Etc., Etc.

The successful treatment of many cases of morphia habit has convinced the writer that a cure of this habit or disease will be only accomplished as a rule under hospital restraint and environment. While the patient under treatment at home is assuring the family physician that he or she is taking no morphia, the fact is that they are nearly all taking it secretly and many are the subterfuges resorted to to deceive the family and the family physician. The morphine habituate has two courses open to him. The first is to go to some well-regulated public or private hospital and be cured. The second is to stay at home, continue the use of the poison, and die either of a progressive cachexia or suddenly perhaps, as many of these patients die, by sudden stoppage of the heart's action. A few years ago the cure of the morphine habit was attended with much suffering to the patient, as he was weaned from the use of the drug. To-day it is perfectly possible for a patient to be cured perfectly of the morphia habit not only without suffering but being actually unaware of the time when the morphia is discontinued. This statement is based on the treatment and analysis of 153 cases of morphia habit treated at our private hospital during the past few years.

The first point in treatment is to build up the centric nervous system. Our patient is very apt to be a wreck, although while under the influence of morphine there may be an artificial, temporary health that may deceive an unprofessional observer. In reality, however, the clergyman who is an opium habituate cannot write or deliver his sermon without it; the lawyer who uses it cannot try a case without it; the physician who is an habituate cannot perform his professional duties without it; the society woman who takes it will disappear for a few moments each evening, make her puncture and reappear beaming and smiling and with shining eyes and heightened color, when a few minutes before pallor, pain and distress could be clearly seen by a practiced physician. One of the heaviest operators on a Western produce exchange, who was discharged cured a few months ago, told us that he could not trust his judgment to buy and sell grain until he had taken his usual hypodermic of morphia.

We primarily, in the treatment of these cases, pay the most careful attention to the due nutrition, stimulation and repose of the brain. We build up the vesicular neurine of the brain. We build up the little cells in the cortex of the cerebrum and cerebellum by furnishing them with an artificial lecithin made in our laboratory, the formula of which is $C^{44}H^{90}NPO^{9}$. By means of this glycero phosphate, which we use hypodermatically, we maintain in a healthy and regular state the conditions of the reparation of the nerve substance of the brain, and rapidly remove the morphine neurasthenia

which has made the patient a wreck.

There is more morphine neurasthenia to-day in the higher circles of society than is dreamed of. The drug is not taken for any liking for it. It is taken to relieve the terrible suffering which the patient suffers from when deprived of his customary allowance of the drug and is trying, perhaps most honestly, to free himself unassisted from the bondage of the morphine habit. He does not succeed, for the simple reason that no one can succeed without proper medical assistance, and there is no environment that will cure him but a proper public or private hospital environment. There is a perversion of the functions of the structures of the body, and there is no disease requiring more skill on the part of the physician than the care and cure of a case of a narcotic habitue.

The great reason why there are so many relapses is that there are so few physicians who have given any care and thought to the cure of this habit or disease. The patient is told to "stop it." You might as well try to stop Niagara Falls. The patient has no will-power; he is a wreck. He wants to be cured, but he does not wish to have it known that he is addicted to the use of the drug, and instead of manfully coming out and saying, "Take me and cure me," he keeps his habit a secret and dies of a progressive cachexia if not suddenly by stoppage of the heart's action. The reason for failures in treatment may be found in the failure to provide the patient with the proper chemic nerve cell and nerve tissue food which is the true physiologic antagonist to the morphine neurasthenia. If the blood capillary can be made to exude a plasma in which the brain cell is bathed and renovated, and from which new cells are formed to replace those which are finally exhausted, such a chemico-physiologic plan of treatment is not only going to help us to cure our patient, but he is not going to have a relapse. It is the ignoring of some of the plainest truths of physiology on the part of those physicians who treat the morphine habit that allow their patient to relapse. There are many good pathologists who are far from being good therapeutists in clinical medicine. In morphine neurasthenia the patient cannot do either physically or mentally what he could do in health. We have to remove and cure the mental depression, neuralgia, loss of energy, lassitude and insomnia, as well as the craving for morphia. This can be done and the day is past when a case of morphia habit has to go through a course of suffering as well as a course of medical treatment to be cured of this formidable disease.

Private Hospital.
305 West 86th st.,
Hotel Kensington, New York.
Fifth ave. and 17th st. 11 to 3 daily.

BURNS OF THE CORNEA; ELECTRIC LIGHT EXPLOSION CAUSING TEMPORARY BLINDNESS; TRAUMATIC INJURIES TO EYES—HYPOPYON.*

BY L. WEBSTER FOX, M. D.,
Professor of Opthalmology, Medico-Chirurgical College, Philadelphia, Penna.

BURNS OF THE CORNEA.

The boy whom I bring before you first this morning met with a most serious accident last evening. While standing on the sidewalk watching a civic parade he accidentally had a Roman candle explode in his face; he received the full discharge, burning his lashes and eyebrows and scorching the skin about his eyes. The left one received the greater part of the flame, and, in consequence, is the more severely injured. The accident happened about 8 o'clock, and he was brought to the hospital a few minutes later. The house surgeon, Dr. Pfromm, immediately instilled atropia and bathed the eyes with a boric solution. I was called to see the case and made an examination about two hours after the accident. Upon elevating the eyelids I found both eyes more or less sprinkled with grains of powder and fine particles of clay, notwithstanding the treatment. Both eyes were again thoroughly irrigated

*Extract by request from the July Medical Bulletin.

with filtered water, so as to wash away the fine particles of foreign matter remaining in both cornea and conjunctiva. Plenty of water was applied by means of our hydrostatic eye-douche. Atropia was again instilled and both eyes sealed with sterilized vaselin; over this came the eye pads, all held securely in place by adhesive strips. The patient was not disturbed during the night, and we now, in your presence, make another examination. I find, upon removing the pads, that the eyelids are somewhat swollen, red, and showing distinctly the effects of the burns. Upon elevating the upper lid of the right eye the conjunctiva is pink, and on the cornea a few imbedded particles of foreign matter still remain; these we shall wash away with water as hot as can be borne by our patient. You will notice how this is done: the reservoir is held to a certain height, to give the water at the nozzle of the pipette greater force. I find that we have succeeded in washing away the particles, and the surface of the cornea appears perfectly clean. The left eye is in a more critical condition, the upper third of the cornea showing the effects of the burn, being quite opalescent and with a decidedly lacerated surface, as if the particles of foreign matter had torn away the epithelium and destroyed part of the cornea propria. I shall irrigate this eye with the warm water even more carefully than was done in the other eye, so as to be sure to wash away all the foreign matter and, possibly, remove the lacerated tissues hanging on by shreds. The atropia is again dropped into the eyes and both eyes again sealed by a thick coating of sterilized vaselin and eye-pads. The eyes will be dressed again in 12 hours and continued until all danger is past. The prognosis in the right eye promises well. In the left we must reserve our opinion for 48 hours. Burns from fire, alkalies, or acids are always deceptive, and in no case should you give a positive opinion as to the prognosis until several days after the accident.

I again wish to call your attention to the treatment of gunpowder burns in the face and eyes. One line of treatment is to try to pick off the grains of powder from the cornea or the face with a spud. This is a dangerous procedure and it is simply impossible to get away all the powder, while in your efforts to relieve the patient you make matters worse by irritating the already-damaged cornea. What must be done is, first, to wash the face with hot water; use it freely. The water will enter the small openings in the face and dissolve the grains of powder, and the excessive fluid will cleanse the parts thoroughly. After the face is cleansed attend to the eyes. Keep the lids apart with speculum, and with the eye-douche irrigate the eyeballs. The patient will at first try to evade the full stream by rolling his eyes upward, but in a short time he will roll both eyes downward and you will then see the good results of this procedure. The force of the stream may be thrown against the cornea. This playing the water against the eyeball may be kept up at intervals of every few minutes, until you feel that you have done all at one sitting that is fairly consistent with the comfort of the patient. Atropia is again instilled in both eyes, if affected, and both are sealed with sterilized vaselin and eye-pads. In 12 hours the cleansing process may be repeated.

I have had three cases within the last two years where this line of treatment was followed out, and it has proven itself entirely satisfactory, very little or no injury to the sight and very little or no tattooing of the face resulting. I hope, gentlemen, that you will remember this, as I know of no treatment equal to it in just such serious cases of which this boy is an example.

Gunpowder explosions constitute only one of a series of accidents which may come under your observation and demand your skill—boiling water, mortar, melted fat, the many acids (particularly sulphuric acid), caustic potash, explosions from kerosene-lamps or from gas, etc. In some of these accidents the cornea may escape and the conjunctiva only receive the injury. I have in mind a case where the conjunctiva was de-

stroyed by quicklime. It first assumed a white, swollen appearance, and in a few days the cornea became infiltrated; and, in spite of the most active treatment, the cornea sloughed and the eye was lost, ten days after the accident.

A woman presented herself at the clinic last summer who accidentally received a drop of whitewash in her eye. The hyper secretion of tears washed away most of the lime, yet sufficient remained behind to provoke a most serious condition. By placing the patient in bed, keeping on hot pads (which is good treatment after active inflammation has set in), and instillations of eserine, gr. 1-4 to 2 dr. every two hours, the eye was saved with fairly good vision.

When the cornea is touched by a gas flame, hot iron, curling iron, or melted lead the epithelium of the cornea is whitened, coagulated like a layer of albumin, and raised like a blister; this part of the eye is always sure to desquamate. If the burn have extended into the deeper layers of the cornea we may look for very serious complications, and tedious ulceration even going on to perforation of the cornea. Staphyloma may develop and the vision be lost.

To show you the result of the caustic-potash burn I have asked this little patient to come before the class. She is now 9 years of age. Several years ago she accidentally rubbed a certain quantity of potash (caustic) into both eyes. Her father is a dairyman, and on this occasion had a small open can of this strong alkali standing near some milk-cans which he used in their cleansing. The little girl, then 5 years of age (the accident happened February 23, 1890), got the alkali and somehow rubbed this substance into both eyes, enough to produce a very severe inflammation. As you notice, both eyelids have grown fast to the right eyeball (ankyloblepharon), but the growing fast of the eyelids has caused blindness to this eye. In the left eye the lower lid became attached to the cornea, causing symblepharon and also blindness. Finding a clear part of the cornea toward the upper and inner quadrant, and hoping that possibly by separating the eyelids more corneal space could be obtained, I separated the lower lid and transplanted the conjunctiva of the rabbit. I simply have to show you the eye to prove the success of the operation. The child is now able to attend school and can follow her studies fairly well. At some future time I may attempt to separate both eyelids from the other eyeball and transplant the skin of the frog, which in the hands of certain operators has been successful.

This man, who has been referred to the clinic by Dr. Muhlenberg, of Reading, is almost a parallel case—an explosion of hot metal burning both eyes and eyelids—the left eye is completely closed and both lids fastened to the eyeball, causing blindness. The left lower lid is attached to the cornea of the left eye; upon examination I find that very little cornea is free, enough, however, after separating the eyelid and performing an iridectomy, to give the patient some vision. I take it for granted that the crystalline lens is clear and the fundus normal*

To recapitulate treatment: In gunpowder explosions irrigate the eyes thoroughly with hot water, instill atropia and cocaine, anoint the eyelids with sterilized vaselin, cover this with eye-pads kept moistened with "Eye Lotion No. 2" of the Pharmacopeia of the Hospital, and so exclude the air. In burns from any flame use atropia up to 40 years of age (for you might provoke glaucoma after this age), eserine after 40. Vaselin-saturated eye-pads kept wet day and night.

For alkali burns apply oil or melted tallow, or unsalted butter when you cannot obtain vaselin, which is, however, almost always to be found in every household, and may take the place of the oils or tallow, butter or thick cream. Bathe the eyes with

* This patient was cured of symblepharon by separating the lower eyelid from the eyeball and covering the raw surface by transplanting a strip of conjunctiva taken from the upper part of the eyeball, leaving the one end attached to the eyeball to insure the circulation, and holding the other end of the graft by stitches. The iridectomy has not yet been performed.

our favorite lotion, which is composed of the following ingredients:

R—
Acidi borici .....20 gr.
Aq. menth. pip.....3 fl. dr.
Aq. camph.....2 fl. oz.
Aq. destil.....2 fl. oz.
M.—Eserine sulph., gr. ¼ to 3 dr., one dop every three hours.

I am sure that this drug will assist in saving the integrity of the cornea when all hope seems gone. Eserine reduces the tension and is also an antiseptic of considerable value.

Dry acids are more destructive and if any quantity is thrown into the eyes the cornea is destroyed immediately and you can hold out but very little hope to your patient. Diluted acids, while liable to cause trouble, are not so serious, and much may be done by using alkali waters immediately, such as salt water or boric acid solutions.

We may also add local depletions, such as leeching, and in some cases I am old-fashioned enough to try blood-letting at the arm. Under all circumstances the patient must be kept in bed and in a darkened room, and as a local anodyne we may use externally the extract of belladonna. Each and every case of burns to the eye must be a law unto itself, and I can only in a general way give you rules to follow in the treatment.

TEMPORARY BLINDNESS DUE TO ELECTRIC EXPLOSION.

The case which I show you now is one of particular interest. Three hours ago this man was blinded by a sudden explosion in a trolley-car. He was shunting the current, and, as you are aware, the current of electricity running through a trolley wire is a force of tremendous power, either for generating light or force. This man, as I remarked before, was shunting the current in his car, and he did it with a large, steel screw-driver. As soon as he made the connection there was a tremendous explosion, and the man was blinded by the terrific light produced, causing paralysis of the retina. He was brought to the hospital in this condition. Warm applications were immediately applied, and he was kept in a darkened room. In examining the eye I find nothing, apparently, the matter with the cornea; pupil widely dilated; the blood-vessels of the fundus oculi contracted; and the disc pale. He is now gradually regaining his vision; and while, at the present moment he could not possibly find his way home, yet in a few hours he will, in all probability, be fully restored to vision. Warm application is the treatment in such cases. Strong currents of electricity contract the blood vessels, causing a temporary paralysis of the coats of the arteries, suspending circulation, which causes blindness, and, where the granular layers of the retina are not destroyed, we may expect a restoration of vision.

Our experience in such cases, from the recent introduction of the trolley system, is very limited; but the very few cases on record show that only temporary blindness follows these accidents. If the current were to pass through the body death would surely follow.

A short time ago I had the opportunity of assisting in the electrocution of six dogs by the alternating current carried out by Professors Houston and Kennelly. The experiments were made to refute Dr. d'Arsonval's theory, that, in the electrocutions in New York State, death is not produced by the electric current, rather leaving the public to infer that it is produced by the knife of the surgeon in the autopsy which always follows. I made the ophthalmoscopical examination immediately after death, and at intervals of ten seconds until the blood-vessels almost entirely disappeared. The pupils were dilated to full mydriasis; the veins full; arteries attenuated, shrunken to less than normal width; the optic nerves full pink color; in a very few seconds the calibre of veins and arteries shrunk to hair-lines and the optic nerves became very white. All the dogs were again examined in ten or fifteen minutes, and at this time the fundus oculi was very pale and only the faintest traces of veins could be seen. In one dog death was not instantaneous and the circulation returned with the return of cor-

sciousness, when the current was turned on again until death; the same contraction of the blood-vessels took place, and in ten minutes faded away.

OPIUM AND ALCOHOL HABITUES—SOME POINTS IN TREATMENT.

One of the well-established therapeutic properties of the coca leaf is, that it increases the action of the glandular system and that of the kidneys and the skin.

It energizes the muscular system. It produces a lengthening of the respiratory act; has a sustaining effect; is antagonistic to the action of opium; is not only a temporary support to the shattered nervous system, but the tonic and sustaining properties of the leaf give renewed vigor.

It is of the utmost importance when we give a tonic to increase the appetite, that the digestive capacity be increased also, for if more food is taken than can be readily assimilated indigestion, with its attendant evils, is sure to be the result.

Whatever method of treatment may be used in treating opium and alcoholic habitues maltine with coca wine will prove an invaluable adjunct. In a considerable portion of the milder cases no other medicaments will be needed.

Many debilitated patients have a weak and uncertain voice. It is interesting to note the restored self-confidence that follows when the voice becomes firm and resonant as the result of taking maltine with coca wine. This is due to the coca being a tensor of the vocal chords. Nervous, anemic patients soon after beginning the use of this preparation voluntarily make the statement that they are feeling much better. They gain confidence and feel grateful to the physician for the prescription that has made them feel better.

After the patient has gotten over the habit of taking the drug to which he is addicted, his general sense of well-being increases in weight, and restored self-reliance will render it unnecessary to continue the maltine with coca wine for any great length of time. There is no danger of this preparation becoming a tipple, for it will be no longer needed after the patient is fully restored to health and it can be discontinued without effort. This is not true of the ordinary coca wines, which are merely diluted tinctures and have only the tonic effect of the coca and the stimulating effect of the alcohol, without the digestive principle. Maltine with coca wine is a medicinal preparation, not a beverage.

SEXUAL DEBILITY—THEIR CAUSES.

Dr. T. R. Sturgis in a recent number of Gaillards Med. Journal formulates the following:

1. That the cases of sexual debility which are marked by imperfect erections and by premature emissions are usually if not entirely due to hyperesthesia of some portion of the urethra.

2. That masturbation has very little, if anything, to do with it, beyond the fact that if indulged in to excess it may induce a tendency towarl this hyperesthetic condition, but this is no more marked in masturbators than it is in those persons who indulge to excess in the venereal act.

3. That organic stricture has little, if anything, to do with it; but that associated with this hyperesthetic condition there is an irritable condition of the canal which produces spasmodic contractions of the urethra upon attempts to pass instruments, oftentimes during the first act of micturition and at the time of connection.

4. That varicocele plays no unimportant part in these cases.

5. That neuralgia of the testis, if a cause of this disease, induces it merely as a secondary consequence to the pain which is one of the distinguishing features of this disease.

6. That tuberculosis, syphilis and gonorrhea may also play ther part and should all be reckoned with in summing up the causes which may induce this peculiar and depressing condition of affairs.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

FRANK S. PARSONS, M. D.,
EDITOR AND MANAGER.

Subscription Price, - - - $1.00 Per Year.

Send money by bank check, postal, money or express order, payable to The Medical Publishing Co.

EDITORIAL STAFF.

W. H. PANCOAST, M. D., Philadelphia, Pa.
T. H. MANLEY, M. D., New York, N. Y.
E. W. BING, M. D., Chester, Pa.
S. H. MONELL, M. D., New York, N. Y.
J. R. CLAUSEN, A. M., M. D., Philadelphia, Pa.
AD. MEYER, M. D., Chicago, Ill.
LOUIS LEWIS, M. R. C. S., (Eng.) Phila., Pa.
J. A. TENNEY, M. D., Boston, Mass.
E. B. SANGREE, A. M., M. D., Philadelphia, Pa.
HENRY BURCHARD, M. D., D. D. S., Philadelphia, Pa.
J. A. KRUG, M. D., Philadelphia, Pa.

PUBLISHED BY

THE MEDICAL PUBLISHING CO.

Communications are invited from all parts of the world. Original articles are only accepted when sent solely to this Journal. Abstracts, clinical lectures, or memoranda, prescriptions, news and items of interest to the medical profession are earnestly solicited.

Address all communications to

Room 718, Betz Building.

Entered at the Philadelphia Post Office as second-class mail matter.

PHILADELPHIA, JULY 20, 1895.

THE TREATMENT OF HYDROCELE.

The treatment of hydrocele by the injection of irritating substances is sometimes very painful. The use of cocaine as a local anesthetic in the ordinary way not being free from danger, Nicaise has since 1889 (Acad. de Med., June 4; Sem. Med., June 5) employed the following method: The usual antiseptic precautions being taken, the hydrocele is punctured with an ordinary trocar; about one-third of the fluid is allowed to flow away, then 3 to 4 c.cm. of a 1 per cent. watery solution of cocaine is injected into the bulk of the serous effusion remaining in the sac, through the cannula of the trocar with a syringe of the capacity of 4 c.cm. The scrotum is then gently manipulated, and after waiting four or five minutes the remainder of the serous fluid is drawn off. Next tincture of iodine, either pure, or mixed with one-third of water, according to the age of the hydrocele and that of the patient, is injected. The scrotum is again gently manipulated, and after four or five minutes the iodine is allowed to escape. The operation done in this manner is painless. The method has the advantage of utilizing a natural aseptic fluid as the excipient of the injection. Moreover, the quantity of cocaine absorbed by the serous surface is less in the case of a serous solution than of a watery solution of the medicament of the same strength.

MODERN THERAPY OF GASTRIC DISEASES.

Perhaps no one of the hollow viscera of the digestive system has been the centre of such an extended study of experimental research (chemical, physiological and biological) as the stomach.

With the advances of science and the better facilities which late inventions have made possible, more complete and exact observations are being made of vital phenomena.

Bacteriological studies have enabled us to ferret out and diagnose disordered conditions of the stomach with a certainty and precision quite exact and definite.

The physical diagnosis of gastric maladies has been broadly expanded, both internally through the interior of the alimentary tract and from without by direct incision on to the nude walls.

Gastroscopy, gastrothermy, illumination and internal exploration have been proven safe and practicable. Lavage, massage, electrization and direct local application to the glandular and muscular tissues are now, in the hands of those specially trained, current modes of treatment.

What direct surgery has accomplished in various pathological conditions of the stomach is simply stupendous.

No longer need we look passively on the victim of esophageal or pyloric stenosis suffering from the agonizing pangs of hunger.

By the safe, rapid and effectual procedures of a gastrostomy or a gas-

tro-enterostomy, we either pass below the obstruction or get around it, and once more re-establish the intestinal current. In the perforating ulcer of tubercle the inevitable mortal end by infective peritonitis when left to itself is now replaced in many cases by prompt surgery, the repair of the vent and recovery of the patient.

Taken alone the progress made during the past ten years in the management of stomach lesions constitutes one of the most brilliant epochs in the history of medical science, and impresses on us the lesson that in order to give our patient the full benefit of the latest and best in the way of treatment our endeavors to require knowledge must be persistent and incessant.

ALKALINITY OF THE BLOOD AND INFECTION.

Josef V. Fodor (Centralbl. f. Bakt. u. Parasitenk, February 28, 1895) records a number of experiments showing the influence of the alkalinity of the blood on diseases produced by micro-organisms. Four series of experiments on animals are first reported which show clearly that, by the administration of alkalies (sodium bicarbonate by the mouth or by subcutaneous injection), the power of resistance against infection with cultures of anthrax bacilli is greatly increased. The normal alkalinity of the blood was determined by the examination of 76 healthy rabbits, and four experiments are reported showing the increase in the alkalinity of the blood which occurs after the administration of sodium bicarbonate. The author then records the results of a large number of observations on the alkalinity of the blood in rabbits after infection with the bacilli of anthrax, cholera, typhoid fever, tuberculosis and erysipelas. These observations show that in the living organism, after infection with certain bacilli, there is first an increase of the alkalinity of the blood and then a diminution of the same, more or less. If the infection is fatal, the diminution of the alkalinity is marked and progressive; if not fatal, the diminution is slight, and is followed by an increase of the same, in consequence of which the alkalinity of the blood becomes permanently higher than before the infection. Thus there exists a connection between the pathological action of certain bacteria and the alkalinity of the blood. Those rabbits, having the greater alkalinity of the blood, as well as those in which the alkalinity of the blood is increased to a greater extent after infection, have greater power of resistance against certain infectious organisms (anthrax bacilli) than the rabbits in which the alkalinity of the blood is less. It appears, therefore, that the degree of alkalinity of the blood, as well as the power of the organism to increase this alkalinity with corresponding intensity after infection, is of essential influence upon immunity.

Surgery.

IN CHARGE OF

DR. T. H. MANLEY, New York.

EXPLORATORY PUNCTURE OF AN OVARIAN CYST—INTRA CYSTIC HEMORRHAGE AND DEATH.

BY DR. ANDRE BOURSIER.

On the 26th of last May I was called to the country by M. Arnaud to see in consultation one of his patients, Mme. S—, who was suffering from a voluminous abdominal tumor. I had seen her two years before at my clinic.

On the 26th of July, 1891, Mme., age 48 years, presented herself to me complaining of a painful enlargement of abdomen, which she had noticed for some months.

At her menstrual periods she bled profusely, but lost none during the intervals. She suffered from pain and frequently vomited. I found a tumor piped in the pelvis, rather inclined to the right side.

Her case was diagnosed then as a uterine fibroid, for which electricity was employed, but with no benefit. I lost sight of her until now, when

I found her in a very depressed state of health.

Now, she was greatly emaciated, and her tumor had enormously enlarged. This, she said, ensued subsequent to a fall in her garden the January before. Now, the character of the tumor had entirely changed. Fluctuation was distinct, as the position was changed. As she was in a greatly reduced state, quite unable to sustain the shock of an operation for the entire removal of the tumor, and as her respiration was greatly embarrassed by pressure up against the diaphragm, I was decided to tap and draw away some of the fluid. The abdomen was prepared and a Dieulafoy aspirator-needle introduced in the median line , between the navel and pelvis. About six litres—nearly two gallons—of a thick, syrupy, hard fluid were evacuated. Abdominal tension was immediately relieved, and she breathed much easier.

Now, the trocar was removed and a collodion dressing applied. While applying the binder it was observed that she suddenly fainted and became almost pulseless.

Immediately restoratives were applied and she soon revived a little.

On examining the abdomen it was apparent that there had been an enormous intra-cystic hemorrhage,for the tumor was larger than ever. She remained semi-comatose for several hours, never completely reacting, and sank in the evening from progressive exsanguination.—(12 Mai.) '95, Gazette de Gynecologie.

(Note by translator)—The author enters at some length into the literature of this accident, but does not tell us whether he made a necropsy.

T. H. M.

TREATMENT OF CANCER OF THE UTERUS BY INJECTIONS OF SALICYLIC ACID.

In seven cases of cancer of the uterus, M. Fafiero had recourse to intra-parenclymatous injections of a solution of salicylic acid, 60.100, prepared with alcohol 60.100 proof. The solution, in a vial, is placed in warm water to dissolve the crystals, just before using, and should be kept sheltered from the light. The vagina should be thoroughly sterilized before using the injection. The vagina is now widely opened and the injection begun, penetrating about three centimetres into the growth. With the first puncture there is much hemorrhage, but after this little blood escapes. After each treatment a pledget of iodoform gauze is passed in and retained. The patient should remain in bed all day. On the following day the vagina is irrigated and fresh dressing applied. These injection are painful at first, though this passes off early.—Gaz. de Gyn, Mai. '95.

ORGANO-THERAPY.

The glands may be divided into two categories: First, those which neutralize and abstract certain toxic elements of the blood. If one of these glands be extirpated we will soon have evidence of serious disturbance with the general health. These glands are anti-toxic: as the liver, the pancreus, the thyroid; probably, too, the pituitary, the thyneus, supra-renal and the kidneys.

The vivifying glands are the spleen and testis, which are known to exercise a position of influence on the production of pepsein and trypsein, as demonstrated by Schiff and Herzen; the testicle, as is well known, to profoundly influence physical phenomena. Schiff and others have demonstrated that when one of these organs thus undergoes extensive organic changes, and, in consequence, the general health is threatened, much may be accomplished by a substitution of their elements derived from the lower animals.

Notably with the thyroid, the pancreas or the testis; hence, organo-therapy, which with sero-theraphy, has so lately come in the field and threatens polypharmacy. The legitimate field of organo-therapy is a wide one, but with definite limitations. It rather embraces those maladies dependent on parenclymatous degeneration and atrophy of organs, than those dependent on environ-

ments, season, bacteria, etc. Serumtherapy promises to revolutionize the entire foundations of therapeutics. Its immunizing and curative powers are as yet but little understood, though with the stupendous progress which it has lately made we may soon probably look to this potent agent to meet, to resist and suppress any contagious malady at its outset.

BY DR. CORUBO.

(Suisse-Medicale, Mai., '5).

Electro-Therapeutics.

IN CHARGE OF

DR. S. H. MONELL, New York.

STATIC ELECTRICITY.

Article 1.

That a widespread interest or at least curiosity exists in regard to static electricity even among physicians to whom it has been a terra incognita is proved by numerous inquiries for information in regard to it. "Can you direct me where to obtain literature upon this subject?" is a frequent question in my medical corespondence, and I have not hitherto known of any reliable textbook or monograph to refer to in reply. Static is incidentally described in most works upon galvanism and faradism, but it has so far had no exclusive treatise of its own. From time to time during the past two or three years I have made modest contributions to the meagre literature upon this valuable form of electric manifestation and its therapeutic uses. In response to repeated requests five of my various articles have been lately published together in pamphlet form, and may be procured from the Galvano Faradic Manufacturing Company of New York.

The title, "Practical Chapters on Static Electricity," indicates that it is devoted entirely to informaton of practical interest to the reader without wearisome details upon experiments and discoveries from Thales to date, and long accounts of early experimental, but long since obsolete static machines. Physiological action of the current and methods of administration are set forth as fully as the nature of the work would allow. Other chapters relate to therapeutics and to a determination of the oft-repeated and much-disputed question of the real value of this remarkable agent. The opinions of a considerable number of authors are quoted, whether favorable or unfavorable, and the reader can form his own conclusions after perusing the first chapter. The next four installments in this department will be devoted to selections from this monograph relating especially to physiological action and methods of administration.

Endowed with high potential, and extremely deficient in volume, the physiological effects of static electricity are chiefly modifications of the ordinary vital processes without electrolytic alterations. Static electricity may increase, diminish, arrest or otherwise modify these functional processes. It affects secretion, excretion, absorption, reflex action, sleep, respiration, circulation and nutrition. Owing to its enormous E. M. F. and its power of condensation and accumulation it possesses great diffusiveness, which enables it to affect the entire system in a limited degree.

In 1777 and 1781 there were published in London editions of a treatise on medical electricity, by Tiberius Cavallo, in whch are recorded all that was known in his time of the subject in hand. The discerning observations here quoted were made at least 10 years before the first foreshadowing of Galvani's discovery of a current with chemical and electrolytic properties; and they are not only remarkable for their accuracy, but for the fact that little has been added to them since. Mr. Cavallo recites as follows:

"The remarks made by philosophers relating to the effects of (static) electricity upon the human body in general, are the following, viz., that by electrization, whether positive or negative, the pulse of a person is quickened, the number of pulsations being generally increased about one-

sixth; and that glandular secretions and the insensible perspiration are promoted and often restored when they have been entirely obstructed. It might naturally be suspected that the promotion of perspiration and of glandular secretion was only the consequence of the accelerated pulse and not the immediate effect of electricity; but the contrary is easily proved by observing that in various cases the quickening of the pulse by other means, as fear, exercise, etc., does not promote those secretions nearly so much, if at all, as electrization, and also the glandular secretions and perspiration are often promoted by electricity when applied only to a particular part of the body, in which case it seldom, if ever, accelerates the pulse. Hitherto it has been discovered that (static) electricity acts within the human body by any chemical property, as most medicines generally do; but its action by which it produces the above-mentioned effects may be considered merely as a mechanical stimulation, for it seems to act as such even within those parts of the body which, especially when diseased, are mostly out of the reach of other remedies....From these observations it appears that the application of (static) electricity does not merely promote any discharge or circulation of fluids, but rather assists the vis vitae, or that innate endeavor by which nature tends to restore the sound state. It may, perhaps, be ever difficult to explain in what manner electricty assists that natural endeavor, but experience shows the certainty of the fact, and with it we must be gratefully content; for we may apply the effects to our wants, though we may be ignorant of their cause and mode of action.

"When an electric shock is sent through any part of the body an instantaneous involuntary motion is occasioned, which shows that the muscular fibres through which the shock is sent are expanded or in some other manner convulsed. This involuntary motion is also occasioned by sparks. Farther, when a shock is sent through several substances besides the human body, a tremulous motion and an expansion is evidently occasioned, as may be shown by many experiments. Now all these observations may perhaps in a manner explain the action of electricity upon the organized parts of an animal body by comparing it with the tremulous motion given to tubes of any sort through which fluids are transmitted, in order to accelerate their passage or prevent any stoppage or stagnation which might occur."

About a hundred years later a French writer, Dr. A. Arthuis (1871), summed up the physiological effects of static electricity as follows:

"It induces an acceleration of the pulse, it is singularly calmant, eases the respiration, develops animal heat, augments cutaneous transpiration, makes more active the urinary secretion, disperses nervous irritation, and gives tone to the whole organism. It is the great dispenser of equilibrium to the disturbed balance of the system, it increases the vital forces, and augments the energy of absorption. In a word, it excites and facilitates the play of all the functions. It is regarded by those who use it as the greatest regulator of menstruation. The well-being which it instantaneously produces causes those who have once experienced it to wish for a repetition of its beneficient effects."

When, 140 years ago, it was discovered by the Abbe Menon that the human body loses weight by being continuously electrified for five or six hours, he attributed the loss to the increase of insensible perspiration and tissue change. We now say about the same thing in somewhat different language. The teachings of modern investigation upon this subject may be fairly stated in the following terms: "Static electricity increases the excretion of urea, and lessens the uric acid in the system by promoting oxidation. It increases both the appetite and the body weight when the latter has been reduced by impaired nutrition. It lowers the blood pressure. In 10 to 15 minutes of general electrification, or a few minutes of sparks to the spine, a gentle perspiration ensues, accompanied by a feel-

ing of well-being. When this reaction has been reached the sitting may be ended for the day in ordinary treatment. Under the influence of static electricity the heart-beats undergo a change, viz., if slow, they may increase 10 to 20 beats per minute; or, if too fast, they may be reduced in number. It tends to regulate functionally deranged temperature. Many cases of neurotic, neurasthenic and melancholic conditions are found to have subnormal temperatures (97 to 97 1-2 degrees) before electrification. These states it adjusts to normal, and the patients then usually improve.

The static spark causes groups of muscles to jump. It is a most powerful stimulus to nerve and muscle function, and rapidly imparts tonicity, lightness, buoyancy and firmness to soft, lax and enfeebled muscular substance. It first causes a vasomotor constriction, blanching the skin. This soon gives place to a dilatation, and the spot gets red. Frequently a weal is raised, with a temporary sense of tingling and irritation, which will quickly pass away or be instantly removed by rubbing the part with a little toilet powder. If sparks are applied with sufficient persistence to the same area a mild papular eruption will often be caused.

Devoid as it is of electrolytic action, the power of static electricity seems to be chiefly manifested as a regulator of functions. It tends to adjust to normal action the heart, respiration, pulse, temperature, oxidation, secretion, excretion, nervous irritability and sleep. It increases metabolism so that a person can absorb more oxygen; and this mere improvement in nutrition is a vast power for good, and alone suffices to correct many morbid states; as gout, rheumatism, neurasthenia, neuralgia, anemia and various symptomatic derangements.

The spark, by its powerful mechanical disturbance, sets up a great molecular change and acts as a stimulating massage. It thus affects the nutrition of a part, disperses exudation material, and promotes absorption. Thickenings of joints, tendons and muscles, localized edemias, effusions, etc., are reduced by strong, thick static sparks. With fine, rapid frictional sparks may be obtained the beneficial effects of counter-irritation upon the skin; and with a special electrode a blister may be created in from one to four minutes, if desired. Sedative or stimulating effects are equally under the operator's control, and may be obtained at will. Many varieties of pain are promptly relieved by some form of static electricity; and, if not due to an incurable or persisting cause, it is well-nigh certain that the pain-killing property of this agent will give permanent relief, if treatment is persevered in long enough."

Copyrighted.

ELECTROLYSIS IN DETACHMENT OF THE RETINA.

Terson (Presse Med., May 11, 1895) communicates to the Societe Francaise d'Ophtalmologie observations on 12 cases of retinal detachment treated by electrolysis. He uses fine platinum-iridium electrodes, and introduces the positive pole through a sclerotic opening as small as possible at the seat of the detachment. The positive pole is to be preferred, as in aneurism, on account of its hemostatic properties. Terson insists on the necessity of attention to the measurement of the current, that five or six milliamperes be not exceeded, and that the duration of the operation do not extend over one minute. The results he has obtained in the 12 cases are as follows: 1, an old case of 3 years' standing, was made worse, two were unaffected, five were temporarily improved, five considerably improved, and one case was cured. This was a myopic woman of 38 years of age, having for eight days a detachment of more than a fourth of the lower part of the retina and almost total blindness. The vitreous was turbid; 48 hours after a single application of the positive pole for one minute the retina was found to be completely replaced and the vitreous humor cleared. An examiantion nine months later showed no relapse of the detachment, and with—12 D the vis-

ion was one-tenth. Terson concludes: (1) That electroylsis with the positive pole is a suitable and hopeful treatment in recent cases of retinal detachment, and that the prospect of success is greater in proportion as the operation is done early. (2) That there is nothing in electrolysis incompatible with the ordinary accessory modes of treatment.

Medicine.

IN CHARGE OF
DR E. W. BING, Chester, Pa.

ANTIVENIN, THE LATEST CONTRIBUTION TO SERUM-THERAPY.

According to the Press and Circular, June 12, Dr. Thomas R. Fraser, professor of materia medica in the University of Edinburgh, has made a very significant announcement regarding his original work with serpent poisons. Early in the month of June Dr. Fraser read a paper before the Royal Society, showing that animals may be immunized against the venom of the cobra as well as other serpents. He also showed that antidotal properties inhere in the blood serum of such immunized animals. Dr Fraser opened his paper with a historical account of the beliefs and traditions of the Hindoos and others, that poisonous serpents are self-immunized by some result of the absorption of their venom.

Since the year 1889 Dr. Fraser has been in receipt, from different parts of the globe, of supplies of snake poison, especially of the Indian cobra, and with this had performed many experiments on animals in the hope of producing immunity. The results he obtained passed his most sanguine expectations.

Continuing its abstract of Dr. Fraser's paper the Press and Circular says:

"Experimenting on rabbits, among others animals, he first satisfied himself as to the amount of the poison which constituted the minimum lethal dose. He then proceeded to inject quantities below this amount, and found that he could gradually increase them to 50 times the dose originally fatal. But not only that, for a buck rabbit, which he exhibited, and which was then in about the 140th day of treatment, had gained enormously in weight, from 2000 grams to 3000 grams, and had increased greatly in strength, and especially in virile power. Again, he found that the mixture of 1-240 cc. of serum obtained from a rabbit immunized to 30 times the minimum lethal dose with cobra venom averted a fatal result on injection, while the injection of a similar serum half an hour after the injection of a venom which otherwise proved fatal in one hour, promptly stopped the symptoms which had already commenced, and saved the life of the animal. He called this protective serum by the name of 'Antivenin.' He also mentioned as an interesting fact that the rabbit above referred to had received during the months of treatment enough cobra poison to kill two horses, or about 280 rabbits if unprotected. Not only are Dr. Fraser's results of the greatest value for the treatment of snake bite in India and other tropical countries, but, as he himself remarked, they possess a deeper significance in accentuating, as they do, the wonderful progress made in serum-therapy during the last few years, and are an earnest of still more wonderful discoveries yet to be made in the same direction. It appears also that immunizing an animal with the venom of one kind of serpent protects it from the poison of other species."

In conclusion, it may be said that Dr. Fraser is well known for his original investigations concerning calabar bean and the other ordeal poisons of West Africa. We may confidently predict that his findings will be confirmed.—Journal A. M. A.

SPASTIC RIGIDITY.

Haushalter (Rev. de Med., May 10, 1895) reports nine cases of various forms of nervous disorder in children in which spastic rigidity was a more or less prominent symptom, either alone or in association with athetoid or choreiform movements. While re-

cognizing the desirability of making distinct classes for congenital spastic rigidity, Friedreich's disease, and the hereditary cerebellar ataxy of Marie, he yet thinks that a series of cases could be arranged forming a transition from the one to the others. May not, he asks, a degenrative process in certain regions of the nervous system originating at different stages of development and associated with a congenital malformation, often hereditary, of certain parts of the nervous system—as, for instance, arrest of development of the pyramidal bundles—produce either a typical form or a transition form, according to whether it attacks one system or several at the same time? He suggests that the importance of the part played by difficult labor in the production of the conditions may have been exaggerated. Such a history is not always to be obtained; further, difficult labor is very common, while these nervous disorders are rare; moreover, spastic rigidity may come on quite late (at the age of 30, according to Bernhardt (Virch. Arch, 1891, p. 59); an analogous history has been reported by Tooth (Bart.'s Repts., 1892). Haushalter suggests that certain infectious diseases—syphilis, tuberculosis—or alcoholism or consanguity in the parents may be of more importance in the etiology.

EXTRACTS FROM

German Exchanges

IN CHARGE OF

DR. J. A. KRUG, Philadelphia, Pa.

MULTIPLE SPLEENS.

Albrecht showed before the Association of Physicians in Vienna a case of multiple spleens, entirely unique. Scattered over the whole mesentery were more than five hundred spleens from the size of a pin to a walnut. Of the latter size was the one located in the normal place, and this had a normal artery and vein. Every one had a capsule and normal stroma, though very deeply pigmented. Toldt designated the case as without a parallel in literature, or an analogue among all vertebrate animals, and the development of which was difficult of explanation. The spleen is normally developed by an epithelial proliferation of the mesogastrium, in which later the connective tissue of the mesogastrium develops abundantly. It may be conceived that in this case other portions of the peritoneum as well have acquired the capacity of spleen production. Weichselbaum discussed the question of the functional capacity of these multiple spleens. He drew a conclusion in favor of defective function both from the vicarious hyperthorphy of lymph glands and from the unusual pigmentation.—Weiner klinische Rundschau, May 5, 1895.

TO REDUCE INFANT MORTALITY.

"The Sterilized Milk Charity" in New York City will be continued during the summer of 1895. The fourth of the sterilized milk booths for which Mr. Nathan Straus has the permission of the Park Department to erect, is to be situated in City Hall Park and will probably be completed before this item is published. Three others are already in operation, and the fifth will soon be built in Central Park. The price is one cent per glass. One of the newspapers remarks: "Fewer calls upon the doctor is one of the advantages." Although the enterprise was begun in 1894, as late as July, and many of the booths were in operation barely two months, a total of 600,000 glasses of milk were sold. With the earlier start this year and the increased popular knowledge regarding the plan, the total is likely to be doubled. The scheme has heavy expenses aside from the cost of the milk. There is a pay-roll of those engaged solely in this work which foots up $300 a week now, and is likely to be materially increased during the height of the season. To begin with, 22 young women are employed as clerks in the 11 booths and depots. Then eight men and two boys are needed upon the trucks which are constantly busy

carrying the milk from the railway terminals to the central distributing point, and thence to the booths and depots. Tons of ice are consumed daily in keeping the milk cool, and the cost of construction of booths and rent of depots is a considerable item in the expense total.

PILOCARPIN IN AURAL SURGERY.

The pilocarpin treatment of deafness arising from middle ear and labyrinthine disease is one of those methods concerning which there are distinctly two opinions. In our experience of the treatment in selected cases we have never been able to decide whether any improvement which appeared was due to the pilocarpin or to subsidiary treatment, more especially the use of Politzer's air douche. Girmounski has lately summarized the results obtained by him as follows: 1. The injections act only in the early stage of labyrinthine affections, whatever be their origin—syphilitic, traumatic, or secondary—and the earlier in the process the treatment is begun the more effectual it is. 2. In inveterate disorders of the labyrinth and in dry catarrh of the middle ear pilocarpin, whether injected subcutaneously or directly into the tympanic cavity, has no effect. These conclusions bear out our own experience—one may go further and say that any labyrinthine trouble requires immediate treatment if we wish to command anything like success. It stands to reason that so delicate a structure as the internal ear cannot be subjected to abnormal conditions for any period without permanent damage. Taking syphilis, for instance, the small celled infiltration occurring when the labyrinth becomes the object of its attack must be combated at once by appropriate measures, or its injurious effects will quickly become permanent, and result in serious loss of hearing. The motto of the otologist in most diseases of the ear must be "to act promptly and decidedly."

BOOKS AND PAMPHLETS RECEIVED.

THE MEDICAL PROFESSION AND THE STATE—THE ALUMNI ORATION. By Hon. Mariott Brosius, Lancaster, Pa. Alumni banquet of Medico-Chirurgical College.

ASEPTIC PROPHYLAXIS OF ASIATIC CHOLERA: ARSENIZATION. By Reginald Barkley Leach, M. D., member of American Public Health Association, etc., etc.

The subject-matter of this little monograph is confidently commended to the respectful consideration of all investigating medical men, as the hypothesis herein discovered you is consistently dedicated to suffering humanity.

Paris, Tex.

CALOMEL—A STUDY OF ITS PHYSIOLOGIC ACTION AND THERAPY IN GASTRO-INTESTINAL DISORDERS IN ONE HUNDRED AND FORTY-FOUR CASES—IS IT A DIURETIC PER SE? By W. Blair Stewart, A. M., M. D., Atlantic City, N. J., lecturer on therapeutics in the Medico-Chirurgical College, Philadelphia. Reprinted from the journal of the American Medical Association, June 1, 1895.

Miscellany.

ANTIVIVISECTIONIST OBSTRUCTION.

Among the things that tend to harden the hearts of some antivivisectionists the chief is this, that they feel bound to be glad whenever a discovery that was made with the help of experiments on animals fails to bear first fruit in the cure of disease. Let us take the case that by means of inoculations a substance has been isolated which is likely to arrest some malady hitherto beyond our reach altogether. It is tried, and it

is a failure. There is a world's tragedy in such a failure, the confirmation of a thousand death sentences, the ruin of a thousand homes; but the thorough-going antivivsectionist is bound to look pleased, and to say that he knew it would fail, and from the columns of his favorite papers comes a laugh that would sound fiendish were it not so plainly idiotic. But some of them cannot wait to enjoy their laugh, and while a great remedy is still on trial they must needs hunt up all evidence at present against it. Here or there it has failed; this or that hospital has ceased to use it; Drs. A., B. and C. have got on all right without it. "Come, there is enough for us to go upon; let us write to the papers against it." The antitoxin treatment of diphtheria has for most of us passed beyond the stage of trial. It is not only the reports of its success in our own country, not only the splendid news of the results obtained in other countries; but most of us have by this time fought our own battles with its help, and many of us can tell of lives saved by it alone. If it were possible at this moment to gather together all the tales told in our villages of the "new stuff" and all the good words said for it at the end of the day, when the doctor has time to talk, we should hear a roar of applause and thanksgiving. Let us wait a few weeks; at the meeting of the Association in London the full discussion of the whole matter will be heard with the deepest interest, and will be read in every civilized country in the world. But those who oppose every discovery that depends on experiments on animals must wait too. In the twelfth and thirteenth centuries there sometimes rose a cry when typhus fell upon a town, "The Jews have poisoned the wells." To deny offhand that a great discovery has any value at all, to hunt for every hint that here and there it has failed, to rush into print and abuse it to the poor and the ignorant—this is indeed the poisoning of our wells. And to be glad if it does fail is hardly the sign of true love for one's fellow-men.—British Medical Journal.

RESOLUTIONS OF THE ILLINOIS STATE BOARD OF HEALTH.

Whereas, The faculty of the Northwestern University Woman's Medical College adopted a set of resolutions criticising the Illinois State Board of Health for having issued to three non-graduate students of said college the State certificate entitling them to practice medicine, whom they claim were not entitled to receive them, and charging the Board with having adopted a lax policy in numerous other instances, thereby seriously detracting from the usefulness of the Board; and

Whereas, Although the resolutions were "ordered to be placed before the Illinois State Board of Health," they were furnished to the various medical publications of the country simultaneously with their presentation to the Board, and before the Board had opportunity to make any defense.

Whereas, The said college has not made any investigation of the methods or policy of the Board, and could not be in possession of information upon which to found such serious charges, and

Whereas, the secretary of the faculty admitted to the secretary of the Board that the resolutions were adopted without due consideration, and were not so applicable to the present Board, and

Whereas, In the past two years no certificate has been granted to any applicant upon an average rating of less than 80 per cent. in all branches, and the questions and examination papers and a tabulated record of all examinations are preserved, and are matters of record in the office, and

Whereas, It is not in the province of the Board to adopt any policy regarding the admission to its examinations of non-graduates, the law prescribing that "non-graduates shall submit themselves for examinations," and further prescribing that "the examinations shall be of an elemntary and practical character," Therefore, be it

Resolved, That justice demands that the faculty of the Northwestern University Woman's Medical College and all others interested inform them-

selves as to the methods and policy of the Illinois State Board of Health in conducting its examinations with a view to the establishment of the charges made, or of making such withdrawal, alteration or explanation of the charges as the facts may warrant, and further, that the faculty inquire as to whether any individual interest or personal animosity prompted the drafting and circulating of the resolutions.

(Signed) B. M. Griffith, M. D.
Sarah Hackett Stevenson, M. D.

NEW MEDICAL LAW FOR DELAWARE.

The Governor of Delaware, acting under the medical law passed by that State, has appointed two Boards of Examiners, one tc represent each of the chief schools of medicine. The law provides that the Chief Justice and the Chairman of each Board shall constitute a council of medicine empowered to issue licenses to persons that have passed the required examination. The law provides a fine of $500 or not more than one year's imprisonment for persons convicted of practicing without a license. The new Boards of Examiners will meet the first week in July to organize, and the Council of Medicine will then be constituted. Thereafter newcomers must sumbit to examination.

STARCHY FOODS IN INFANCY.

From the fact that no less an authority than Jacobi, of New York, prescribes one part of milk with five parts of barley meal, leads one to conclude that he must think the starch in the meal is digested or he would not prescribe it. Kastens, of Leipsic, has recently been making some extensive experiments by feeding young children with starchy foods, and then analyzing the feces to ascertain what per cent. of the starch passed through the body undigested. The result showed that children and infants have power to digest starchy foods. Schiffer has just concluded a series of experiments showing that children, even when under nine days old, secrete a saliva capable of converting starch into sugar. Further experiments are reported from Berlin which show that traces of ptyaline have been found in the salivary glands of a child only one day old, while not a trace of this could be found in the pancreas even when the children were three weeks old. Theoretically then there is no question but children can digest starchy food. In the light of Dr. Kellogg's investigation, it is only necessary that the saliva be swallowed with the starchy food in order that the starch may be digested. Practically, however, it does not appear to be wise to feed infants starchy food, to the exclusion of other diet.—Nat. Med. Review.

SIMILARITY OF FEATURES IN TRADES.

Dr. Louis Robinson has shown to the world the interesting fact that new-born babies can hang in mid-air from a stick. He now assures us that people who follow the same trade get to look alike. He does not say whether this applies to doctors. —N. Y. Med. Record.

Berlin physicians are supplied with diphtheria antitoxin free of cost, on condition that they return accurate reports of the cases in which it has been used.

ICHTHYOL IN PHTHISIS.

Scarpa, of Turin, gives 20 to 200 drops dissolved in water in the course of a day. He says the good effect of the ichthyol shows itself first in the influence which it has on the cough, expectoration, dyspnoea —afterwards on the general condition. He does not attempt to decide whether the ichthyol acts only by improving nutrition or also by direct action on the lesions, or by neutralizing the toxins produced by micro-organisms. He insists on the advantages which ichthyol presents over guaiacol in the treatment of tuberculosis.

THE PRESENT TREATMENT OF UTERINE DISPLACEMENTS.

Dr. Paul F. Munde, of New York, read a paper with this title at the American Gynecological Society in Baltimore. He said that our views regarding the significance of uterine displacements had undergone a marked change in the last 15 years. A larger experience had taught us that the symptoms of anteflexion in almost all cases were practically nil, and pessaries for anteflexion and anteversion were now rarely used. Personally, he had abandoned the use of intravaginal supporta for the relief of anteflexion, for they had proved ineffectual. Where dysmenorrhoea and sterility were associated with anteflexion good results would often follow dilatation and straightening of the canal, with the introduction of a uterine stem. The pessary devised by Dr. Eugene Gehrung, of St Louis, was the only vaginal instrument that he knew of that would serve a good purpose in the treatment of anteversion with prolapse and cystocele. Experience had taught us that many of the symptoms formerly thought to be due to version or flexion were really due to tubal catarrh and relaxation of the uterine supports.

Retroversions of the first and second degrees rarely gave rise to symptoms, but retroversions of the third degree usually interfered with defecation and caused prolapse of the ovaries. In the treatment of this class of cases he had succeeded well with intravaginal supports, although, as stated in a former paper, he did not cure with pessaries more than about five per cent. of his patients. He had performed Alexander's operation on 77 patients, and had succeeded in following many of them long enough to be assured of the permanency of the result. If the round ligaments were not found it was the fault of the operator. He was as much in favor of the operation as ever, although admitting the difficulties attendant upon its performance. He did not approve of shortening the round ligaments through the abdomen, as recommended by several surgeons, excepting in cases in which the abdomen must be opened for some other and graver condition. He had done the other operation for retrodisplacement—ventral fixation—12 times, and had met with fair success, but one of his patients had subsequently miscarried on account of the fixity of the uterus and, in fact, the operation had never seemed to him to be founded on a correct principle. The plastic operations for prolapsus uteri had not proved successful in his hands. The plan recommended by Dr. Polk and others, of performing Alexander's operation through an incision in the vagina posteriorly, seemed to offer a distinct advance over other methods.

BLUEBOTTLES AS BACILLUS-BEARERS.

That flies carry about infection from place to place, and from person to person, has long been an article of popular belief. Their influence in the spread of ophthalmia has attracted the attention of all who have written upon the social history of Eastern countries. As everyone knows there is some sort of fatuous religious scruple that forbids the Egyptian or Asiatic from brushing away the flies that settle on and about his inflammed eyelids. Hence it has been generally assumed that the flies carried about the specific poison of ophthalmia, and that theory has of late years received scientific indorsement by the wonderful discoveries of bacteriology. At the Royal Society last month some interesting experiments were shown by Mr. T. W. Burgess, illustrating the capability of the common house-fly for transmitting infection. His plan was to expose a fly to momentary contact with a culture of bacillus prodigiosus and then to allow it to escape into a large room. At various subsequent periods the fly was recaptured and made to walk over the sterilized surfaces of a cut potato. These infected slices were then placed in the incubator, and after a time showed flourishing cultivations of the original bacillus. These results, it

is worthy of careful note, were obtained even when the fly had spent several hours in active movement about the room between the time of its original infection and recapture. Mr. Burgess has certainly furnished us with some highly suggestive and interesting scientific data. It is to be hoped that he will extend his researches with pathogenic bacteria so as to find out as far as may be whether the bluebottle may not be the unsuspected bearer to and fro over the face of the earth of many a baleful bacillus.—Medical Press.

CHLORAL HYDRATE IN HEMOPTYSIS.

Dr. J. Palvy has tried chloral hydrate in 15 cases of hemoptysis. Doses of 15 to 25 grains were injected per rectum. They are reported to have produced an effect within one-half to three-quarters of an hour. The chloral hydrate, besides, seemed to be also a valuable prophylactic.—American Medico-Surgical Bulletin.

FRICTIONS OF CREOLIN IN PHTHISIS.

M. Schadewald reports a case in which the infiltration of the upper lobe of the lung has remained stationary and ulcerations of the left upper thyro-arytenoid ligament were cured in consequence of frictions of creolin. The friction was made for 20 minutes every day upon any part of the skin with a tablespoonful of creolin. —Rev. de Laryngologie, etc.

ANTIPYRETICS IN PHTHISIS.

The coal tar products are, in many cases, too depressent. It is better to adopt means for removing the toxic products from the lungs. If some antipyretic is required Niemeyer's pill may be employed, viz.:

R Quin. sulph .....gr. i
Pulv. digital .....gr. ½
Pulv. opii .....gr. 1-6

Ft. pil. Sig.: One pill three times a day.

VOMITING IN PHTHISIS.

R Ext. opii
Cocaine mur.....aa gr. 1-6

Ft. pil. Sig.: To be taken 10 minutes before food.—Med. T. and H. and G.

DYING DECLARATIONS IN PROSECUTIONS FOR CRIMINAL ABORTION.

The Legislature of Pennsylvania recently passed the following bill:

An Act making dying declarations competent in prosecutions for criminal abortions and attempted abortions where the subject shall die in consequence of such unlawful acts.

Section 1. Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in General Assembly met, and it is hereby enacted by authority of the same, That the antemortem statements of any woman who shall hereafter die in consequence of any criminal acts producing or intending to produce a miscarriage of such woman as to the causes of her injuries, shall be competent evidence on the trial of any person charged with the commission of such injuries, with like effect and under like limitations as apply to dying declarations in prosecutions for felonious homicide. Provided, however, That before such statement shall be submitted to the jury as evidence the Commonwealth shall, by competent and satisfactory evidence, prove that such woman was of sound mind at the time such antemortem statements were made. And, provided further, That no conviction shall be had upon the uncorroborated declaration of such woman.

Sec. 2. That all acts or parts of acts consistent herewith be and the same are hereby repealed.

WHAT SHALL WE DO WITH THE DOG?

Dr. Theodore R. MacClure, of Lansing, Mich., has been writing a series of articles to the Physician and Surgeon on Rabies. These have been very exhaustive and have covered the

whole field most thoroughly. Reports have been given from each of the Pasteur Institutes, showing the number of persons treated, number of deaths, and other interesting facts in connection with each institute. We call attention to these articles here, however, to bring out some statements concerning the dog. We have become so familiar with this animal that it is hard for us to believe anything against him. But Dr. MacClure says: "There are about three dogs to each family in the United States;" certainly far more than there is any necessity for. Recognizing the fact that probably nine-tenths of all cases of hydrophobia are due to the bite of the dog, we may well ask the question, What shall be done with this animal? While human life is of the first importance, of course, yet the destruction of property must also be considered. Some statistics are furnished by the State of Ohio alone which give a vivid idea of the enormous money loss by dogs. During the past 14 years 404,348 sheep were killed, and 325,585 were injured in that State only, representing a money loss of $2,098,377. Based upon these statistics what startling results would follow were the whole world included. What a loss of human life would also be represented. Certainly these facts are sufficient to make us declare that we should be satisfied with less dogs. However, to counterbalance the immense loss of property we have the income from licenses which swells the local funds of many cities to a considerable amount. It is estimated that in Chicago alone there is turned into the city treasury about $75,000 yearly.

In Bavaria, for the 13 years prior to 1876, the deaths from hydrophobia ranged from 14 to 31 each year. During the past seven years an order has been enforced that all dogs be muzzled. During this period only three deaths have occurred from hydrophobia, although Bavaria has a population of five and one-half millions. Dr. MacClure concludes his series of articles with a number of recommendations, one of which is that all dogs should be licensed, and that, if possible, they should also be muzzled.—Practical Medicine.

ZINC SUBGALLATE, AN ANTISEPTIC ASTRINGENT.

Zinc subgallate is described as an odorless, non-hygroscopic, non-toxic, non-irritant, greenish-gray, neutral powder, insoluble in all ordinary solvents, unaffected by light and containing 44 per cent. of zinc oxide and 56 per cent. of gallic acid. This new remedy is used both internally and externally. Internally it has been recommended in doses of 1-2 to 4 grains (3 to 25 centigrammes) in fermentative disorders of the intestines and in night-sweats. Externally it has been used in eczema, fresh and septic wounds, otorrhea, gonorrhea and hemorrhoids. It is applied pure or diluted with indifferent powders or ointments. As an injection in gonorrhea it is supended in water and mucilage, in the proportion of 1 to 16. —Medical Bulletin.

MORPHINE EXCRETION BY THE SALIVARY GLANDS.

Rosenthal, after investigating the manner in which morphine, when administered hypodermically, leaves the body, reaches the following valuable conclusions: Morphine, even if given in minimal therapeutic doses, is excreted in the saliva in considerable quantities. Its identification is comparatvely easy if the administration have continued for several days. The time in which this excretion takes place cannot be determined by the usual methods; in patients who have received therapeutic doses the proportion of that excreted in the saliva to the amount administered can only be estimated. Morphine undoubtedly accumulates in the body and is excreted gradually. The positive result of tests for the presence of morphine and its quantitative estimation in the gastric contents allows no absolute or reliable estimate either of its presence or the quantity present unless the absence of saliva from the stomach can be confirmed. Dr. Rosenthal points out the value of examination of saliva in cases suggesting morphine intoxication.—Medical Standard.